would also have logistic merit. A number of pediatricians have deserted the ranks to become family physicians; an organized flow into the combined specialty of pediatrics and geriatrics would appear to be a natural solution to this problem in the short run. In the longer view, a combined pediatric-geriatric residency could produce physicians well-rounded in both these fields.

There could be some objection raised to housing the patients in the two extremes in the same unit within a hospital, but this need not apply. Similarly there may be objection to having these patients in the same waiting room in the doctor's office, but this too could be avoided or lessened by having separate waiting areas.

I offer this suggestion to the pediatricians of this country not at all in jest; they have a golden opportunity to salvage their profession and indeed to enhance it by taking on the challenge of the medical care of the elderly who now, as Dr. Comfort points out, are the pariahs of medicine and of society in general.

BASIL R. MEYEROWITZ, MD, MB, BCh
San Mateo, California

Lincoln's Health—Dr. Schwartz Responds

TO THE EDITOR: My recent article, Abraham Lincoln and Cardiac Decompensation (West J Med 128:174-177, Feb 1978) concerned itself only with heart failure, the evidence for the related diagnoses of the Marfan syndrome and aortic insufficiency having been reported years ago.[1,2] In spite of this, Dr. Walter T. Flaherty of Tustin, California cites the latest report in rejecting the diagnosis of the Marfan syndrome while strangely accepting the diagnosis of aortic insufficiency (Correspondence, West J Med 128:352-353, Apr 1978). Actually, the diagnosis of a valvular lesion is untenable in Mr. Lincoln unless he did indeed have the Marfan syndrome—his "Wasserman" was negative.[3]

Regardless, Flaherty's refutation of the Marfan diagnosis is based extensively on the statuary of Lincoln—these disclosing, he states, no eye or skeletal deformities. I offer in this regard a quote from a classic study: "There are sculptors of the very highest rank who have declared . . . that . . . Lincoln is not a proper theme for sculptoral treatment . . . the unique problem . . . [is] . . . representing Lincoln's lank awkward figure . . . in a . . . work of art."[4] Despite this, many sculptors have made the attempt, some even portraying him as an Adonis, while Vinnie Ream—the sculptor Flaherty extols—depicted the President in a Roman toga. Other scuptors met the problem; Barnard's statue intended for London caused an international furor with its realism—the large hands, the big feet, the awkward pose—which found warm acceptance by an English consultant, George Bernard Shaw.

As to the casts of Lincoln's hands negating the diagnosis, a careful review of the original genetic-morphologic report[1] will show that the casts were specifically and most objectively considered by referring to an earlier, independent, anthropometric analysis of the hands by their custodian at the Smithsonian Institute. The data were found analogous to and consistent with an abnormal metacarpal index as calculated in the Marfan syndrome from an x-ray study of the hand, this retrospective "reconstructed x-ray" for Mr. Lincoln, as well as the Marfan diagnosis, being accepted editorially in 1964 by the *British Medical Journal*.[5] Contrary to Flaherty's opinion, one can readily find reference to bony deformities of Lincoln's chest—his law partner clearly described it as a "sunken breast,"[1] that is, a pectus excavatum. Also, Lincoln did discuss his eye problems, both with his secretary John Hay and with a reporter, Noah Brooks, and revealed to them his two curious episodes of diplopia. Finally, hypertropia of the left eye was described by the President's contemporaries and is apparent in his photographs, if not in the more flattering statuary.

HAROLD SCHWARTZ, MD
Lakewood, California

REFERENCES

1. Schwartz H: Abraham Lincoln and the Marfan syndrome. JAMA 187:473-79, Feb 1964
2. Schwartz H: Abraham Lincoln and aortic insufficiency—The declining health of the President (Clinical note). Calif Med 116: 82-84, May 1972
3. Shutes M: Lincoln's Emotional Life. Philadelphia, Dorrance & Co. 1957
4. Bullard FL: Lincoln in Marble and Bronze. New Brunswick, N J, Rutgers University Press, 1952
5. The strange case of Abraham Lincoln (Editorial) Br Med J 1:858 Apr 4, 1964